

Critical Issues

This section summarizes the critical issues identified by Steering Committee members of the Seattle-King County HIV/AIDS housing needs assessment and planning process.

The Seattle-King County HIV/AIDS housing needs assessment process provided more than 600 people living with HIV/AIDS and more than 150 other community stakeholders with the opportunity to share experiences, perspectives, and knowledge about housing resources for people living with HIV/AIDS. Steering Committee members were asked to review findings from the needs assessment. During two half-day meetings in June the committee identified critical issues and developed recommendations to address HIV/AIDS housing and related service priorities in King County.

Community Vision

To broaden the thinking about improving housing opportunities for persons living with HIV/AIDS in King County, Steering Committee members identified their visions for service delivery in King County. These vision statements are not specific to the HIV/AIDS housing and related services delivery system; rather, they reflect a broader community vision within which the HIV/AIDS housing and related service system will be refined, enhanced, and further developed. In five to ten years in King County, there will be:

- A flexible, accessible, and responsive system of housing and services for people living with HIV and AIDS that helps prevent or postpone serious illness or disability
- A range of housing resources available to all low-income persons living with HIV and AIDS including those whose need is primarily financial and those who have multiple challenges to housing stability
- A community-wide, integrated continuum of housing and services based on strong collaborative relationships that is seamless and efficient for individuals and families seeking multiple supports
- A system that combines appropriate housing and ongoing service delivery tailored for individuals' needs, life circumstances, and stage of illness

Critical Issues

The Steering Committee reviewed findings from research and needs assessment activities, including consumer focus groups, key stakeholder interviews, and a housing survey. After analysis and reflection, seven critical issues were identified. Each of the identified critical issues must be viewed against the backdrop of limited housing resources available to the lowest-income residents of King County generally and an increasing number of people living with HIV/AIDS who are in need of housing assistance.

Today, the housing and related services needs of people living with HIV/AIDS are as diverse as the population itself. AIDS disability, the primary eligibility criteria for access to AIDS housing resources in King County, may no longer define the population most in need.

The first AIDS-dedicated housing in King County opened its doors more than twenty years ago, launching a revolutionary community commitment to support medically fragile persons living with AIDS in need of assisted living and end-of-life care. Two decades later, that commitment to housing persons living with AIDS remains, and a range of AIDS housing resources and related support programs have been created. However, the number of people diagnosed with HIV and AIDS has risen significantly and improvements in medical treatment have helped individuals lead longer and healthier lives.

A doctor's certification of an AIDS-related disability and an annual income of 50 percent or less of Median Family Income (MFI) are the two primary eligibility criteria for accessing most housing in the existing AIDS-dedicated continuum at the time this plan was written. Providers and consumers clearly stated that these criteria do not necessarily reflect those most in need of housing to improve their health status. While many stakeholders and the Steering Committee reiterated that the AIDS housing system should prioritize serving those most in need, the question was raised: what defines the population most in need today?

Life challenges experienced by people living with HIV/AIDS in King County have changed over the past two decades, expanding the focus of the AIDS housing continuum beyond its original intent of serving those with the greatest AIDS-related medical needs. More consumers experience increasingly complex physical, emotional, and behavioral health issues and other challenges that impact their housing stability.

Housing and services providers are focusing more energy, time, and resources on populations facing multiple challenges in getting or maintaining housing. Access to housing is complicated by factors related to extremely low incomes, mental illness, substance use, chronic homelessness, histories of incarceration, immigration status, and language and cultural barriers. Existing housing resources and related services are not adequate to meet the growing and diverse needs of consumers. To effectively serve these diverse clients, case managers and service providers must have a broad range of skill and knowledge, and given the decreasing availability of services through related systems, meeting these needs is difficult and at times impossible. Based on the available data and their collective community experience, Steering Committee members wondered whom the AIDS housing system can effectively serve, and further, who should be prioritized for housing. They asked the question: Is the current model the most effective or appropriate?

Too many consumers in the AIDS housing continuum are unable to maintain stable housing because of limited life skills and few professional or personal resources available for ongoing services and social support.

Housing alone will not solve the underlying issues for many consumers. However, these underlying issues often cannot be addressed when an individual is not in stable housing. A lack of independent living skills limits the ability of some consumers to succeed in housing, and there are few programs providing independent living skills training. Case management resources are stretched, and most individuals placed into permanent housing through the AIDS housing system do not receive

ongoing case management or housing advocacy services. Resources are needed to better assist consumers who have not been successful in maintaining stable places to live.

One of the challenges in meeting the needs of consumers with complex lives is the current configuration of the AIDS housing system, which moves consumers in one direction through the continuum (from emergency to transitional to permanent housing based on availability) and does not allow for flexibility based on individuals' life circumstances at a given time.

As is the case with other housing systems across the community, consumers are categorized to fit eligibility criteria for a particular housing program. Resources are not tailored to respond to individuals. Within the AIDS housing system, engagement may be sporadic for some individuals who may need the flexibility of moving between emergency and transitional housing on more than one occasion. On the other side of the spectrum, providers may have permanent units but cannot find anyone eligible to fill them. The original AIDS housing system was designed to offer a range of housing options and built around the value of consumer choice. However, as the population of people seeking housing assistance grows, resources are diminishing and the existing linear model of housing further limits choice and flexibility.

As case managers spend more time on supporting harder-to-house populations, their jobs are becoming more complicated and require a broader level of knowledge and expertise in community-wide housing and service resources.

Case managers are being pulled by competing demands to understand best practices in a range of areas, the availability of community resources, and funding and program eligibility requirements in order to meet the diverse needs of clients. The case management system was not designed to meet the complex needs now faced by many people living with HIV/AIDS. Many consumers, especially those without strong self-advocacy skills, are confused about the existing housing systems and rely on case managers for their guidance and expertise. The roles of case managers are changing, and the level of skill, knowledge, and support needed by staff to best support clients is also growing.

Historically, the AIDS housing system has not built sufficient partnerships and system linkages with housing and service providers across the broader community, resulting in limited information sharing about resources, lack of knowledge about HIV/AIDS, and, potentially, duplication of efforts on behalf of consumers.

Consumers with multiple challenges are usually not able to get their needs met solely through one provider or a single service system. Because service providers and systems do not always work collaboratively, the result is fragmented service delivery and issues that often go unaddressed. Information about resources available from other agencies is not easily accessible or readily available in the community. Currently, there is no regular cross training for providers in other systems about HIV/AIDS-related needs, or conversely training about mental health, substance use, or cultural competency from other service communities. It is difficult for providers to ensure that their clients will receive the support they need from other systems in the community. Consumers and providers alike identified history of incarceration as a barrier to housing across the community. It is one example of an issue that affects consumers in all housing systems and cannot be addressed in isolation by the AIDS housing system.

Housing and service planning in King County does not regularly and consistently occur across systems, and not all planning efforts are sufficiently inclusive of organizations serving diverse populations, including communities of color. Given the complex challenges experienced by people living with HIV/AIDS, sustaining cross-system pilot programs and planning efforts has become essential.

Systems cannot be integrated and partnerships cannot be formed without collaboration beginning at the planning level. Different planning processes occur regularly in the community related to housing and homelessness among different populations, including people living with HIV/AIDS. Opportunities to combine or leverage resources are being missed. Providers in the AIDS housing system are also committed to serving diverse populations and recognize the importance of building culturally competent staffing resources. As such, it is particularly important to ensure the inclusion of people of color and organizations serving diverse communities in all planning processes.